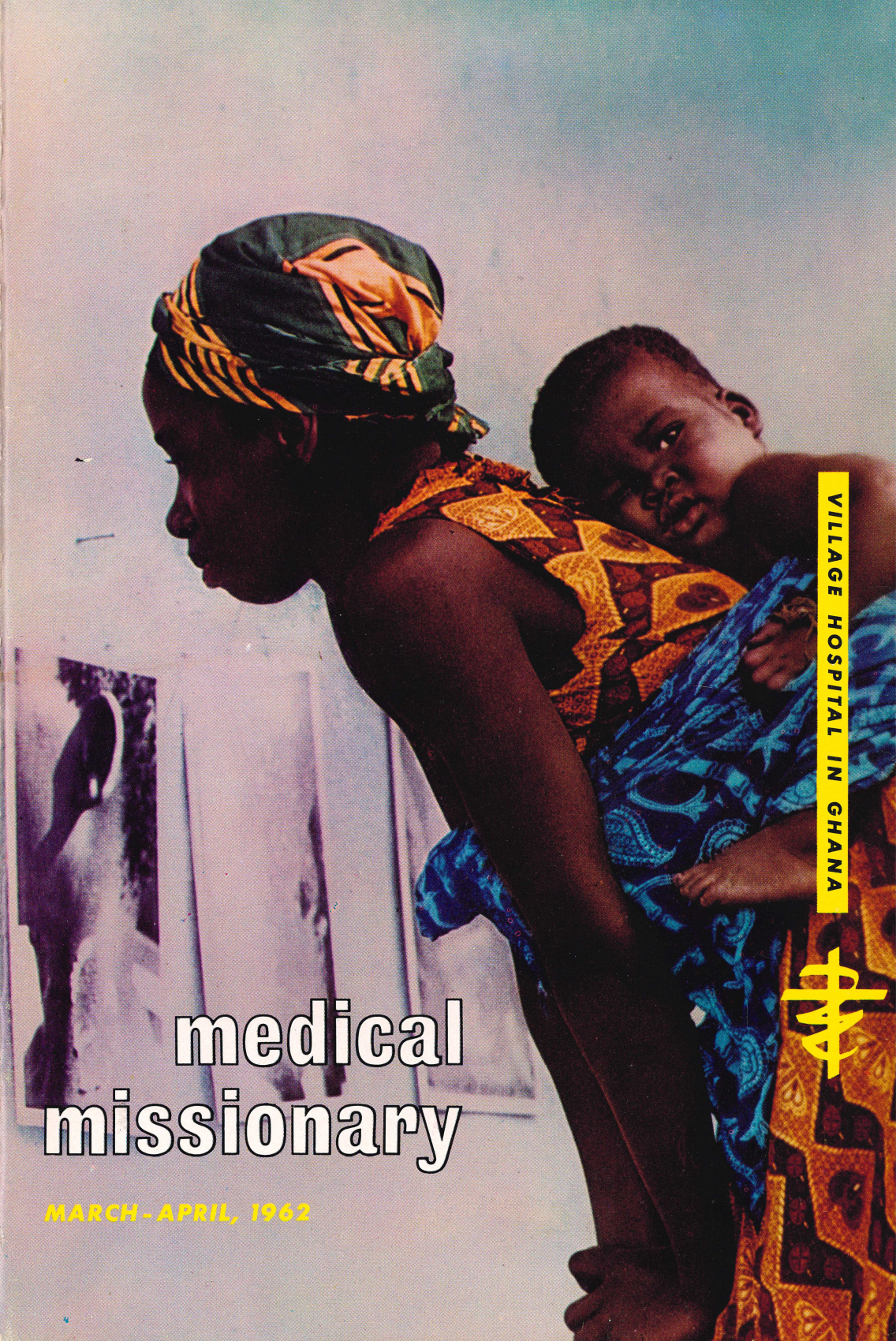


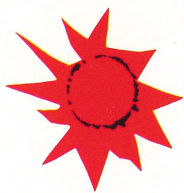
A photograph of a woman in profile, facing left, carrying a young child on her back. The woman is wearing a green and orange patterned headwrap and a sleeveless top with a yellow and brown geometric pattern. The child is wrapped in a blue and white patterned cloth. The background is a light, textured wall.

VILLAGE HOSPITAL IN GHANA



medical missionary

MARCH - APRIL, 1962



Creation is not a hurdle on the road to God, it is the road itself. We are created along with one another and directed to a life with one another. Creatures are placed in my way so that I, their fellow-creature, by means of them

and with them find the way to God. A god reached by their exclusion would not be the God of all lives, in Whom all life is fulfilled . . . To look away from the world, or to stare at it, does not help a man to reach God; but he who sees the world in Him, stands in His presence . . . If you hallow this life, you meet the living God.

Martin Buber





THE

medical missionary

March-April 1962

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Pediatric
Patient,
Berekum

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WELCOME TO

AS the Sisters approached Berekum, they noticed a huge crowd at the 100 mile mark, for Berekum is exactly 100 miles from Kumasi, the capital of Ghana. At the entrance to the village an enormous banner spanned the road: "WELCOME TO BEREKUM" it said, and all the people came out to greet them. The band led the procession—several horns and a couple of drums. The people marched on either side singing hymns in their native Twi. Two large umbrellas at least eight feet in diameter were brought. The Sisters walked beneath them to the church where they thanked God for their safe arrival and asked Him to bless their work for these people who had waited for them for the past 12 years. . . The Public Reception would take place a

month later, far surpassing anything the Sisters had ever seen with all the villagers from the surrounding areas.

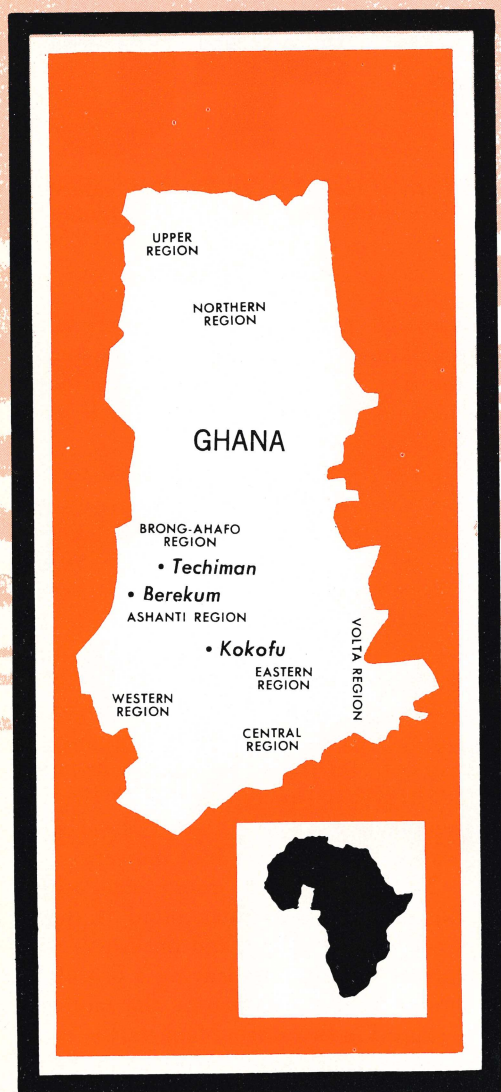
As far back as 1936, Medical Mission Sisters had been asked to help realize a plan for medical care for the village of Berekum and the surrounding areas.

Berekum, where the local people had prepared a convent and dispensary for the Sisters' arrival, is about 250 miles inland from the coast and lies in the forest and cocoa-growing region of the Brong area. The native State of Berekum, of which the village of Berekum is the capital, had a population, at that time, of about 24,000 scattered throughout in the red swish mud houses of the villages.

The Gold Coast in those days was



O BEREKUM!



known as the “White Man’s Grave.” The Sisters decided that it was more the “African man’s grave.” The list of diseases that threatened them was appalling: sleeping sickness, leprosy, yaws—that covered their bodies with sores, onchocerciasis—that made them blind, tuberculosis, guinea worm, tetanus, and worst of all, the deadly cerebral malaria. Maternal and infant mortality rates were fantastically high. Eighty per cent of the babies died under one year of age.

The small dispensary opened by the Medical Mission Sisters back in 1948 has now grown into a 100-bed hospital with a nurses’ training school attached. In 1955, some 40 miles away in Techiman another little Holy Family Hospital was built. In 1957 Medical Mission Sisters assumed charge of the Kokofu Leprosarium located in the Ashanti District. Medical Mission Sisters are indeed active participants in the battle being waged to bring the benefits of modern medicine to Ghana’s towns and villages.



Medical Mission Sisters conduct three hospitals in Ghana, West Africa formerly known as the Gold Coast: Holy Family Hospital, Berekum; Holy Family Hospital, Techiman; and a Leprosarium in Kokofu, Ghana.

BEGINNINGS in BEREKUM 1948



Sr. M. Paula with Berekum mother and first baby born at Holy Family Hospital, named Kwaku Hubert: Hubert for the Bishop; Kwaku for a male child born on Wednesday.

WE really were not prepared for Hubert. It was but our fourth night in Berekum. Between receiving the various village delegations, and visiting outlying missions, we had gotten very little unpacked—only the necessary household supplies and a few of the medicines. And everything else was piled high in the one storeroom.

About 1:00 A.M. we were awakened by someone calling, "Watchman, watchman." Sr. Margaret Mary hesitated to go out. We were alone on the compound, and none of us knew the language. But then she heard the low moan of a woman in labor—a sound which had become familiar after delivering babies some 10-15 years in India. Sister went out and found a small gathering of people grouped around a little old car, kerosene lamp hanging over the headlights. Inside the car, a woman they had brought from a neighboring village. She had been in labor some 30 hours—a case of obstructed labor. Sister would have liked for them to take her on to Sunyani,

some 20 miles distant where there is a small hospital. But she would not stand the trip. What to do? We had nothing ready for dispensary work, much less for in-patients.

They brought her into a small room in the back of the convent—a cotton blanket and sheet spread on the floor served as a delivery table. The three sisters went three different directions, hunting up essentials—another lantern, basins and disinfectant; out of the depths of a packing case Sr. M. Paula produced a hypo syringe and just the right injection. Sr. Margaret Mary worked over the mother, and a beautiful baby boy saw the light of the kerosene lamp at exactly 2:00 A.M.—Holy Family Dispensary's first delivery.

Two old women would stay with the mother—did Sister mind if they smoked? She didn't, and the sisters returned to their beds leaving a peaceful group in the little room—the mother wrapped in two warm blankets, the two grannys at her head, curled up in their cloths and sucking the blackened old

pipes, the little newborn tucked in between the two of them, completely covered up with the shawl; the kerosene lamp over in the corner was turned very low. They talked together for a long time that night, before dropping off to sleep. In this section of the country scarcely any of the villages had trained midwives; the deliveries were done by the grandmothers of each family. The experience of this baby was very much of a novelty for them; many of these villagers had never seen a white woman.

Next morning the village women brought buckets of warm water for the baths, and food for the mother. The family came for the mother and child and they were carefully bundled into the car.

As the family is Christian, Sister suggested they name the baby Hubert, in honor of Bishop Hubert Paulissen who brought us to Berekum. They agreed; he was called Kwaku Hubert. But he will always be known as Kwaku, the Akan name for a male child born on Wednesday.



*The Three
Berekum
Pioneers
(l to r):
Sr. Margaret
Mary, Sr. M.
Raphael, Sr.
Mary Paula*



Holy Family Dispensary, Berekum, Ghana, West Africa, the original building which the Sisters found waiting for them when they arrived in the Gold Coast.

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Twi

the Language of the AKAN peoples.

SISTER M. MURIEL



AS soon as you land in a strange country, one of the first things which strikes you is the barrier of language, like a wall through which you cannot penetrate to ask even a simple question. The first difficulty is usually overcome by sign language or by finding someone who is bi-lingual to act as translator. But you soon find that the use of a translator is only a stop-gap measure, suitable for a tourist perhaps, but not for someone who wishes to live with, and know, and be a part of a people.

Twi, in one dialect or another, is the principal language of the Akan peoples of West Africa who are now part of the modern state of Ghana. These Akan people probably migrated sometime within the past thousand years from the northern grassy plains just below the Sahara, southward into the forest area and even down to the seacoast.

One theory of their origin holds that they originally formed part of the great empire of Ghana in the Western Sudan, north of Timbuktu and the Niger River. When this empire was conquered by the Moslems from the northwest in 1076 A.D., the Akan people migrated south rather than accept Islam. Hence the choice of name for the newly independent nation of which the Akans form a large part. They are the largest lingual group in the new Ghana, and Twi (pronounced Chwee) is spoken in about one-third of the country. Even in other parts of the country it is understood by many people and is often used

Elderly Ghanians discuss the affairs of trade in Twi. Twi, in one dialect or another, is the principal language of the Akan peoples, who are now part of modern Ghana.

as the 'lingua franca'. At present English is the only common language, the language of the educated and of government, but some efforts have been made to choose one of the indigenous languages as the official language of the country. If these efforts succeed, Twi will most probably be the language chosen.

A Westerner beginning the study of Twi finds it much different from studying French or German or Spanish. In the first place there are very few rules of grammar, at least written rules. This is because Twi was first a spoken language and only much later a written language. Where English depends only slightly on tone and inflection, variation in tone is essential to speaking Twi. Woe betide the unlucky newcomer who tries to learn her Twi only from a book! Witness the case of the Sister who had just learned that *ponko* means, one pound (in money). The next day she confidently told a man his hospital bill would be *ponko*. When the poor man looked terribly upset, she decided she'd better find a translator. When she told the translator what she had said in Twi, he laughed heartily and then assured the man that his bill was only one pound (*ponko*), not one horse (*ponko*) as the Sister had said. The words were the same but with quite a difference in tone.

The best way to learn Twi is to spend much time at first with a good teacher who will almost sing the words, over-emphasizing the tones until the student has learned to detect the differences. Once she hears the differences and begins to know what to listen for, a big step has been taken. Then, she can settle down to several months of learning the few basic rules of the grammar, the tenses of verbs and the slow build-up of a working vocabulary.

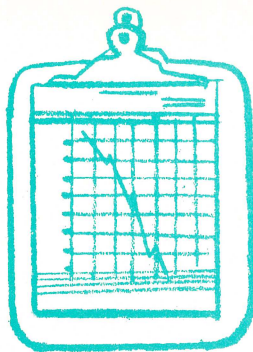
We study the language intensely during our first six months in a new country, and this is approximately the point reached at the end of that time. The basic work is done, but still the going is slow. Reading is not too difficult, but comprehension is very poor and speech is slow and halting and not easily understood because the tendency to translate literally from English to Twi leads to a very complicated and unnatural sentence structure. Now is the time to go out among the people and listen and listen, and try to speak. It's the only way to get past this point.

My work places me in a very advantageous situation for this. In the Pharmacy, at the Dispensary window I have a great deal of contact with the people. There is always a translator available, and at first I used him all the time, but listened to what the patients told him in Twi, and then what he told me in English, and vice versa. Gradually it became possible to tell in a general way what they were talking about, and it gave a bit of a thrill to understand even a little. Now when the work is not too pressing, I try to do without the translator. It takes a lot of patience on the part of the patients as they usually have to repeat everything several times before I understand. Sometimes they give up and call the 'krakye' (clerk) to help. When I understand what they say, however, and answer in Twi, they're really pleased, and so am I.

But just when that pleasurable feeling is very great, there's always something to bring one back to earth, like—"When taking these tablets drink plenty of 'nsa'," say I (meaning water). Only after the patient looks a bit incredulous and the pharmacy boys laugh do I realize I mean 'nsu' (water) not 'nsa' (palm wine).

Ah well, it will come.

MEDICINE IN A GHANA VILLAGE HOSPITAL • 1962



SISTER M. FERNANDE, M.D.

A 100-bed-hospital for the 6,000 village population of tropical Berekum, is the center of vigorous medicine, rich always in the elements of human life. It also serves a 40-50 mile radius, dense with villages of all sizes, thus adding considerably to the medical challenge.

The buildings making up Holy Family Hospital compound are constructed à la Ghana: one story, one room in depth, with windows on both sides, providing a natural air conditioning. The central building consists of four wards: pediatrics, women's ward, men's surgical and men's medical. Radiating at right angles from this building are four others: 1) the administration building with laboratory and emergency room; 2) OB-Gyn unit; 3) the operating room, x-ray department and central supply, and 4) De Porres Hall, made up of private rooms. The outpatient department and pharmacy are a separate unit to the left of the hospital. Among other buildings on the property are the nurses' home, the Sisters' convent and the laundry.

We begin medical rounds at 7:30 A.M. followed by clinics every day, except Wednesday and Sunday. The number of patients range from 75 to 200 per clinic and one day in the clinic can carry you through any, and every,

aspect of medical, surgical and pediatric diagnosis. We schedule surgery for the afternoons and devote all of Wednesday to it.

The framework of medicine here is tropical, malaria being by far the most common disease entity and accounting for the highest number of deaths. The symptoms can vary from general malaise to acute abdomen, to convulsions. Children with fevers of 105°, enlarged spleens and hemoglobins less than 20% are not uncommon. Occasionally we encounter the dreaded complication of cerebral malaria and black water fever.

Typhoid is seen much too often. Again the patient presents a multitude of symptoms: from psychosis to weird temperature curves to the text book "slow pulse in the presence of high fever." Today with Chloromycetin available, the victory is generally ours.

We also have filariasis and parasites to contend with—leprosy, tetanus, snake bites, etc. I can assure you, medicine in Ghana is never dull.

Obstetrics and gynecology is a story in itself. An enumeration of the patients seen looks like the index of a medical textbook: abnormal presentation, contracted pelvis, ruptured uterus, prolapsed cervix, and so on. It is amazing how the women survive, very often having traveled for miles before reaching the hospital. One woman had had

six still births and was now in her seventh pregnancy. By Caesarean Section she was delivered of a beautiful infant girl. I need not tell you the joy and gratitude expressed on this occasion.

Intestinal obstructions appear often on our surgery list—those requiring resections, three or four times a month. And of course we have our share of hernias, sometimes of the “believe it or not” size. The northern tribes es-

we see and treat the resultant occupational hazard of lacerations, ranging from the superficial type to severance of tendons. In fact, I am getting quite familiar with the intricacies of hand anatomy.

The timber industry flourishes here also and several timber companies bring their employees to us with fractures and other injuries.

Nutrition-wise, the country is rich in fruits and vegetables—bananas, oranges



Doctor examines spleen. Malaria is the most common disease entity and accounts for the highest number of deaths at Holy Family Hospital, Berekum.

pecially seem to be more afflicted, probably due to their poor diet accounting for poor tissue, and hard manual work.

The majority of the people are farmers, cocoa being the principal crop. Their implements are quite simple: weeding, harvesting and grass cutting, being accomplished with the help of a cutlass, a short, heavy, slightly curved sword-like instrument. And of course

and pineapples grow in the backyard. Yams, comparable to our potatoes, are the basic ingredient of *fu fu*, the daily staple food. Eggs are common; but due to the scarcity of cattle, meats are not as readily available to the people. Time and time again, we must encourage patients as to the value of the foods they have. When a pregnant woman comes with signs of Vitamin C defi-

Health workers in Ghana check for yaws—an infectious, contagious disease which causes ulcers on hands, feet, face, etc. In early cases penicillin injections will usually clear up the lesions in a few days. More advanced cases have deep draining ulcers which respond very slowly to therapy.



Berekum. Sr. M. Gregory, M.D. and Sr. M. Therese, R.N. show a mother how to feed her baby, born prematurely.

ciency she has to be reassured that oranges are indicated and definitely will not cause her to abort—a belief which is still prevalent.

Probably our best sales people in this field are our employees. Stephen's six-month-old son is already eating oatmeal, fruits and eggs on our advice and has become the picture of health. So much so, that according to Stephen, he is the talk of the town. "I tell them to feed their children the way Doctor told me," then he adds, "and when they get sick you must bring them to Holy Family Hospital instead of going to wayside dispensers."

A problem we meet daily is that of native medicine which brings complications as well as competition. Its prevalence is understandable. Only thirteen years ago there were no hospi-

tals in this area, "and the people just died, it was terrible," one Ghanaian told me. Anyone versed, or claiming to be versed, in the Art of Medicine was received as a local hero. Panic helplessness in the face of disease was portrayed here one evening. A small child had had severe convulsions and was brought fifty miles to Holy Family Hospital. At the time of the convulsions at home she was given the routine ginger, pepper, and leaves enema as well as native liquid medicine to drink. The father commented: "Doctor, we had to do something before we could reach the hospital." This is still part of the people's culture and will maintain its influence until scientific methods prove more effective in each individual case.

For many still, the hospital is the last place, the last slim chance after other native treatments given at home have failed. And so we get patients whose basic diagnosis is distorted by native therapy and witch doctors.



In Techiman. Sr. M. Patricia, R.N., left, and Sr. M. Gabriella, M.D. with a child suffering from yaws.



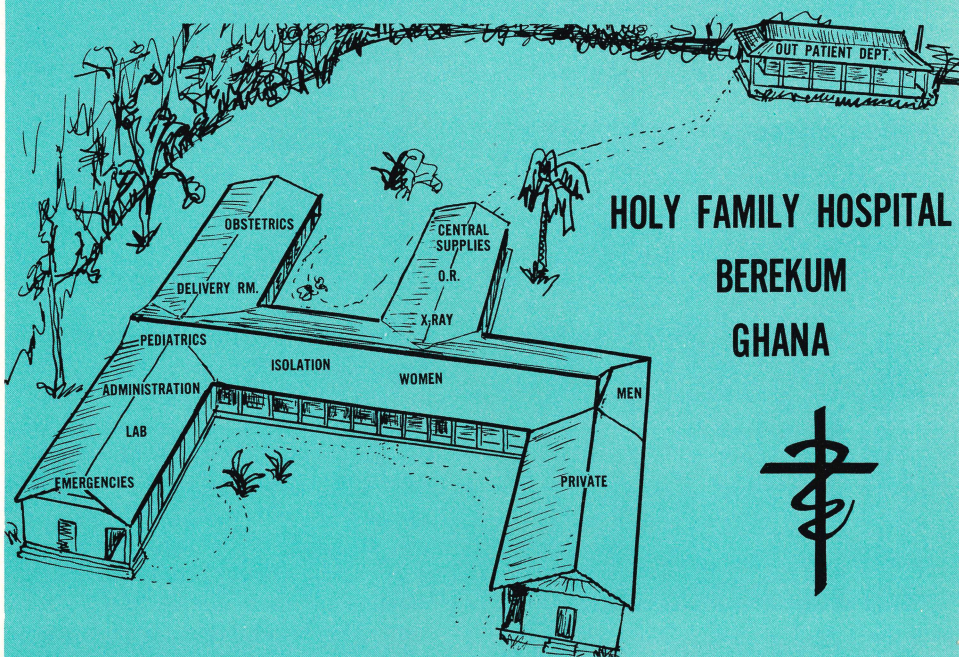
O.R. in Berekum. Surgery is scheduled for every afternoon, and all day Wednesday is devoted to it.

Sometimes the changes are irreversible. At other times, however, we help bring them back from the brink of death.

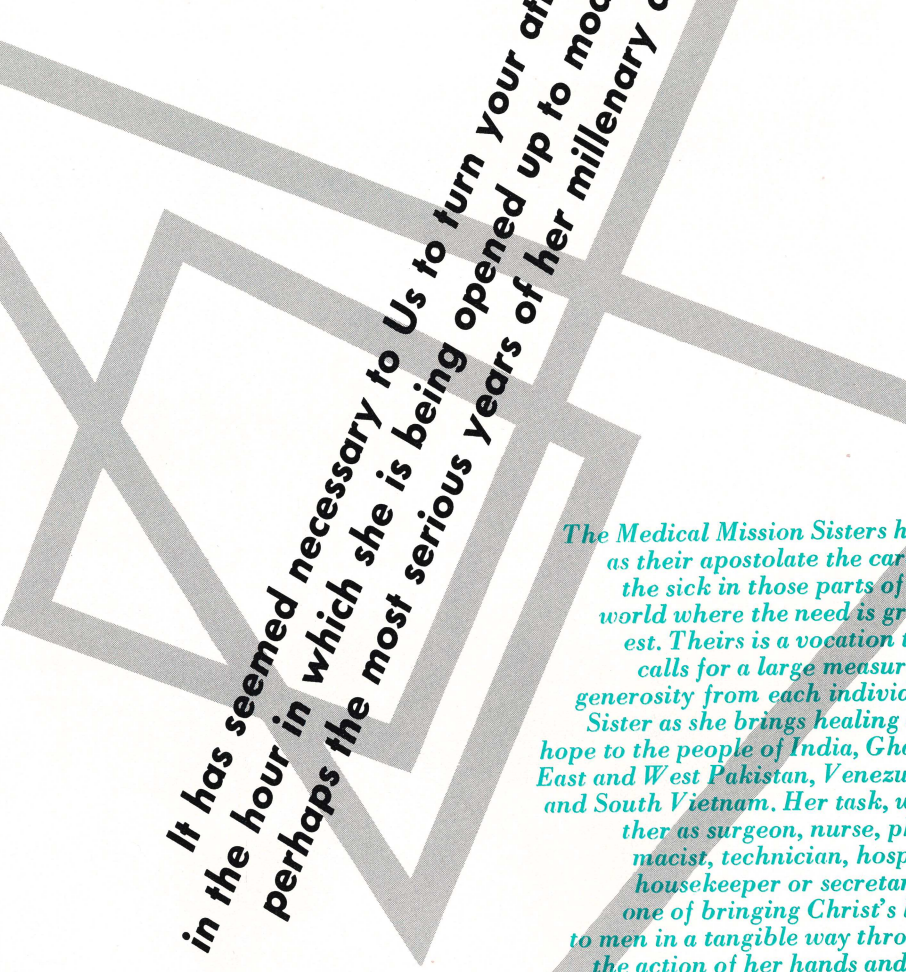
It is a great privilege to work with the people of Ghana, serving them in their sicknesses. They are most charming and gracious and confident that we will do our best for them. When death does come either for themselves or members of their family, they accept it with simple childlike confidence as "Nyame asew"—God's affair. No matter what the outcome, they say: "Well, Sister, you tried."



Good Food Campaign, Ghana. Undernutrition is a major problem. Among children it is often malnutrition due to faulty feeding practices, ignorance and infectious parasites. In the dry regions when the rain fails, shortage of food is inevitable.

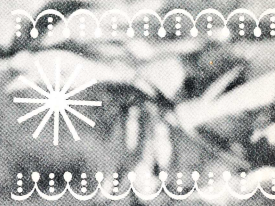


Holy Family Hospital, Berekum has grown to a 100-bed capacity.



***It has seemed necessary to Us to turn your attention to Africa today,
in the hour in which she is being opened up to modern life and traverses
perhaps the most serious years of her millenary destiny. PIUS PP. XII***

The Medical Mission Sisters have as their apostolate the care of the sick in those parts of the world where the need is greatest. Theirs is a vocation that calls for a large measure of generosity from each individual Sister as she brings healing and hope to the people of India, Ghana, East and West Pakistan, Venezuela, and South Vietnam. Her task, whether as surgeon, nurse, pharmacist, technician, hospital housekeeper or secretary is one of bringing Christ's love to men in a tangible way through the action of her hands and the devotedness of her life thus making real the joyous message of salvation.



ALTHOUGH the people of Ghana are known as "Ghanians," the people are still divided into definite groups. The varied languages, customs, ceremonies and rites of each make the rich culture of Ghana what it is and the tribe remains the center of each man's life.

Our hospitals in Berekum and Techiman are located in villages in the Brong area of Ghana. Kokofu Leprosarium is in the Ashanti District. Although the Brongs are a separate people from the Ashantis yet they are both part of the larger family group of Akan peoples or the peoples who speak Twi. Essentially the Brong and Ashanti customs are the same with some local differences.

The tribal customs and rites are built around the cult of Ancestral Worship

smearing it with soot mixed with egg yolk. The blackened stool is then placed in the stool-house of the clan. The stool-house is always a part of the head of the clan's dwelling. Not every lineage or clanhead possesses a collection of ancestral stools; they are only owned by those whose heads hold political office, and a blackened stool is only made when its owner dies in office. In general, each clan keeps in touch with its own ancestors through ritual sacrifices. But it is believed that the tribe as a whole is protected by the spirits of the dead rulers and the Chief is therefore appointed to act as intermediary between the royal ancestors and the tribe. Many functions concern this, and after the Chief becomes installed he is treated with great veneration.

Customs & Ceremonies

SISTER M. PAULA

and the religious beliefs. The ancestral spirits are always watching the behaviour of those they left behind on earth, helping and protecting them, or punishing them if they do not behave. The ancestors are the custodians of the laws and customs of the tribe and will punish with sickness and misfortune those who do not keep the rules. The spirit world contains all the ancestors; but only those who during their lifetime were influential for the good of the village, or the clan, are remembered by keeping their stool and honored with certain rites performed at particular times during the year.

White stools are owned by almost everyone. The owner's spirit is in some way attached to his stool. After a chief's death, his stool is blackened by

The Brong and Ashanti tribes are grouped into various clans. Each member is united by a belief in a common descent from some remote ancestress. The line of descent is matrilineal. A man or woman belongs to the clan not of his father but of his mother and on this is based their law of marriage, inheritance, succession, etc. The male head of the clan is chosen by the male members and he is an important person with authority.

There is also a paternal descent recognized by the Ashanti though of lesser importance. The belief is that there are two great elements in man: blood and spirit. The blood is transmitted by the women only, hence the matrilineal line of descent, and the man only transmits the spirit called *ntoro*. There are about

*"She has come of age, the mother of tomorrow, ✱
We have touched her lips with an egg,
for a blessing, and honored her with gold."
(Ghanaian Saying)*



Ghanian mourner at a wake. The Spirit World contains all the ancestors. Certain rites are performed in their honor.

eight or nine *ntoro* groupings. Special rites and taboos are connected with this and all belonging to the same *ntoro* feel a certain kinship.

A married woman, after she is pregnant, will observe her husband's *ntoro* taboos as well as her own. This is because the husband's spirit has caused the pregnancy and insures against evil influences or even death for the unborn child.

The spirit *ntoro* element in man seems to be connected with water or liquid. At most of the rites and ceremonies, water is used in some way.

There is the belief in the Supreme Being, but also in many lesser gods; hundreds of spirits (non-human) descended from the Supreme One; spirits in nature especially of water. The principal lakes and rivers of Ashanti are the main spirits called *abosom* and all other rivers are sons of these, also containing spiritual powers. The shrines of the spirits *abosom* are brass pans or bowls with special ingredients in some way connected with water. These are

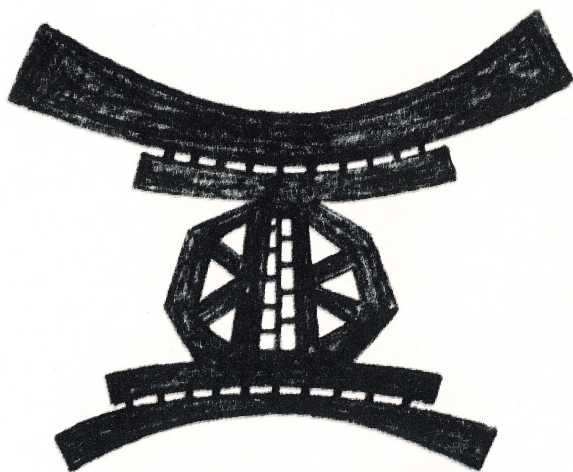
placed in the shrine houses or temples. Every *abosom* has its temple and priest, priestess and attendants.

Childbirth:

The rituals and taboos surrounding pregnancy and childbirth are important and the woman carefully observes them for fear of death to the unborn child. As soon as the child arrives it is named after the day of the week on which it was born. But it is considered a "ghost" child sent to earth. In olden times it was not considered a human being until puberty. Now, it is the practice to have the name-giving ceremony after birth, or on, the eighth day, at which time it receives an identifying name and becomes a human being to stay. This is a big ceremony. The father prepares everything. He gives a white cloth to the mother and a white dress for the baby. The baby is powdered all over and the powder left on the skin. Everyone is invited. Gifts are brought by the guests, usually money, beads, cloths for the child. Speeches are made, palm wine passed and *fu fu* served. The father is the proud one. Now he gives the surname to the child, because he has passed on his spirit to it. The name is frequently that of the wife's mother, or in lieu of a family name being perpetuated, the name may indicate whether the child was second-born, third-born, etc.

Twelve eggs are a specific gift brought to the child. They are given to the mother and in her eating of them the child taking her milk will then be strong and live long.

Every Friday the mother performs the ritual of eating the eggs. They are cooked hard, the shell removed, then the mother encircles one egg at a time, three times around the baby's mouth saying certain prayers, then she eats the egg.



The ancestral spirits of the particular group over which the chief rules dwell in his Stool. The chief is their spokesman.

In the event of twins, this is done for each baby, three eggs each! The young mother of today, however, does not keep up this custom but does it only once or twice. It used to be done in the case of twins, up until their

adulthood.

The Christian family has the child taken to church and baptized on this name-giving day so the white dress and the celebrating and joy are much the same the world over.



RIP

Please pray for our benefactors recently deceased:

Gaetano Cardinal Cicognani, Rome, Italy

Msgr. John J. Henry, Atlantic City, N. J.

Rev. Bernard McCaffrey, C.S.C., Bridgeport, Connecticut

Rev. Thomas C. Steiner, C.S.C., South Bend, Indiana

Sr. M. St. Margaret, I.H.M., Carbondale, Pa.

Mr. Joseph Boudjouk, Richmond Hill, N. Y.

Mr. Robert Burkart, Rensselaer, Indiana

Mrs. Patrick Davies, Wash., D.C.

Mrs. Justine Demers, Tacoma, Wash.

Miss Theresa Donegan, Bronx, N. Y.

Mr. Leonard Dutzik, Pittsburgh, Pa.

Mr. Richard Gaumond, Glenview, Ill.

Mrs. Betty Hammes, Troy, N. Y.

Mr. Edward J. Kroll, Cleveland, Ohio

Mrs. Nellie Macchio, Syosset, N. Y.

Mrs. Dorothea Marone, N. Y., N. Y.

Mr. Robert McInerney, Old Brookville, N. Y. (Brother of Sr. M. Angelica, S.C.M.M.)

Mr. Thomas F. Murphy, Wash., D.C.

Mr. Andrew Ouellette, Bayonne, N. J.



SISTER M. RONALD

To go through one of the small villages just about sunset is to see village life at its best. The work is over for the day, Mame and children have been to the farm and have gathered the day's firewood. The bigger children have been to the river for water and the sound of *Fu Fu* being pounded echoes through the compounds. Everyone is near at hand and ready for supper.

For the most part, our people eat only once a day—or at least they say they do—"small chop" doesn't count. To eat, means: to eat *Fu Fu*. The *Kenky* (steamed fermented corn) or the fried plantain you can buy for a few pennies, served on a banana leaf, at almost any large shade tree in a village, isn't considered eating.

If you were to go into one of the compounds and watch this *Fu Fu* ritual you would see it begins early in the morning. Mame had set aside a nice fat yam to take home for supper, while she and the children were weeding the farm, a few peppers and *nkruma* (okra) would be put on top of the firewood as the family headed for home that afternoon. Another member of the family had been sent to market to buy some palm nuts, peanuts and *Bon Adwene* (literal translation, "stink fish") early that morning.

Cooking, not only eating, is a social affair—since all the cooking is done over a fire outside the house—the preparation of the family meal is a neighborly hour. The day's news and local

gossip is exchanged and all in all, it's a pleasant time.

Mame peels the yam and puts it over the hot coals to boil—one of the children is busy grinding the palm nut, okra, pepper, etc. The fish, since head, tail, bones are all eaten requires little attention. After everything has been mixed together and ground it is placed on the fire to simmer.

Now the real work begins! The *Fu Fu* pot and stick are brought, rewashed, and made ready to receive the nice boiled yams that Mame has just taken from the fire. The “stick” is the young branch of a special tree, and the “pot” is a hollowed out piece of wood. It looks for all the world like a caricature of a pharmacist's mortar and pestle.

Grinding the palm nuts, peppers, okra, etc., preparing the sauce the way it is done every day in all village families.



One person sits on a small “Ashanti stool” and turns the pieces of yam that have been put into the pot. This turning is done with a keen sense of rhythm: as the person who is standing brings down the “stick,” with great force, the person turning, reaches in between beats and shapes the yam. To miss a beat can mean to miss a finger! It does happen on occasion that someone does miss, but they get little sympathy. After all, anyone should know how to pound *Fu Fu*!!

The main object in all this pounding is to make the yam into nice balls. The stew which has been giving off that tantalizing aroma is poured over the *Fu Fu* balls and there you have it . . . a dish fit for a king . . . or should I say a chief!

Recipe:

1 large yam
1 cup palm oil
1 cup ground nuts (peanuts)
6 okra
6 peppers
3 small onions
2 cups ground fish

Stew: dry onions, peppers, okra in palm oil—add peanuts and fish and simmer twenty minutes.

My first impression of *Fu Fu* was of wallpaper paste, covered with liquid fire into which a strange kind of meat had been added. I now believe *Fu Fu* is an acquired taste like ripe olives or caviar, anyhow, we here in Techiman, really enjoy it.



WHAT IS PEDIATRICS LIKE IN TECHIMAN?

WHAT is pediatrics like in Techiman? It's different. We see few well babies, many very sick ones. It isn't because they are neglected. The parents love their children, but they are handicapped by ignorance or hygiene, by old customs, by the lack of a potable water supply, adequate sewage disposal and good housing. So we aim to help them raise healthy children, in spite of existing conditions, and to improve conditions if possible.

Because of the size of our clinic, 30-55 infants and children per day, we haven't much time to chat, but a system has evolved, by which we dispense pearls of wisdom in short sentences.

SISTER M. MARCELLA, M.D.

With four mothers and their children in the room, while the orders of one patient are being written, my indispensable aide lectures on diet, with the help of a big poster, advises them to boil the drinking water, use a mosquito net, etc. And any extra advice given one mother, is picked up by the others. It is the younger women, as a rule, who are most interested in getting information, but occasionally a granny in the group listens attentively, and even voices approval with a loud click of her tongue. More than one granny has returned to proudly display a child to the doctor and all present, describing exactly how she carried out the orders. (For each of these, there are ten at home like the one who snorted, "What do those doctors know about babies when they haven't any?")

Some women to be sure have to be scolded a few times for not following through, but even these appreciate the scolding, and make an obvious effort to memorize instructions, which we try to keep simple.

I doubt that there are any more appreciative parents in the world. One woman whose child was finally able to swallow liquids after four weeks of severe tetanus was so happy, she went through the wards joyfully announcing, "Come and see my Kwasi! He was having convulsions all the time, and would have died if we hadn't brought him here. The sisters have worked hard and done well! Now he is taking *koko* (ground corn)!"

And the children? They have a special charm. From birth they have personality, and at an early age they are taught to be polite, to be self-reliant, and helpful. They have great potentialities. Those who have had the advantages of a good Christian home prove this. But most suffer from the instability of the family, which is deeply rooted

in tradition. But things are improving. There are many unseen rewards in bringing the charity of Christ to Techiman, through the children.



At Techiman Holy Family Hospital we aim to help the people raise healthy children in spite of conditions to the contrary.

Sr. M. Marcella, M.D., from Cincinnati, Ohio, is pediatrician at Holy Family Hospital, Techiman, Ghana, West Africa.



SISTAH BYE BYE

SISTAH BYE BYE

SISTAH BYE BYE

SISTAH BYE

BYE BYE

SISTER M. CEPHAS

THE term "home visiting" brings to my mind the trim figure of a visiting nurse in her neat blue uniform and bag that is familiar in most of our big American cities. However, out here the picture is more that of the days of the horse and buggy doctor. On his visits he was greeted by one and all on the way. On his arrival at the farmhouse in question there were the children at the gate to wave him in and the anxious older members of the family waiting in the farmyard.

Here, we start out either on foot or in the trusty "jeep" which our driver calls the "geep." Our way is dotted with friendly faces who wave and smile and call out a greeting. The schoolboy on his homeward way with his 15-inch cutlass neatly balanced atop his curly black hair. Mammy with the baby trussed to her back on her way home from farm. Her load of firewood is symmetrically arranged on her head and her children follow behind like the tail of a kite each with something of use on their heads. If we are fortunate, we may meet the man who always gets my vote for balance in action. It is the palm wine collector who pedals briskly past on his cycle, a brimming pot of

frothing palm wine on his head, never losing a drop along the way.

And the hubbub that greets us at the home is not soon forgotten. The children shove and push each other to get a vantage view of us or else scurry to shelter behind the skirts of an elder's back. First the elders of the compound shake hands with us as we stand in a line. Then we return the handshake in the same manner proceeding from right to left ending with the "panyini" (chief elder) of the compound. All of this before we get to see the patient!

The greetings over, we go through the inner court, a sort of open-air kitchen-parlor, all-purpose room, to see the patient. Her room, like all the others, opens directly off the inner court. The single doorway serves both for ventilation and light. The room itself is bare except for the straw mat spread on the immaculate earthen floor and a kerosene lantern in the far corner. Huddled on the mat we see a young woman, beside her squats faithful old Nana, doing her best to make Amma comfortable. She rises and curtsseys as she shakes my hand.

It is quickly apparent that Amma is very sick — temperature 104°, dehy-

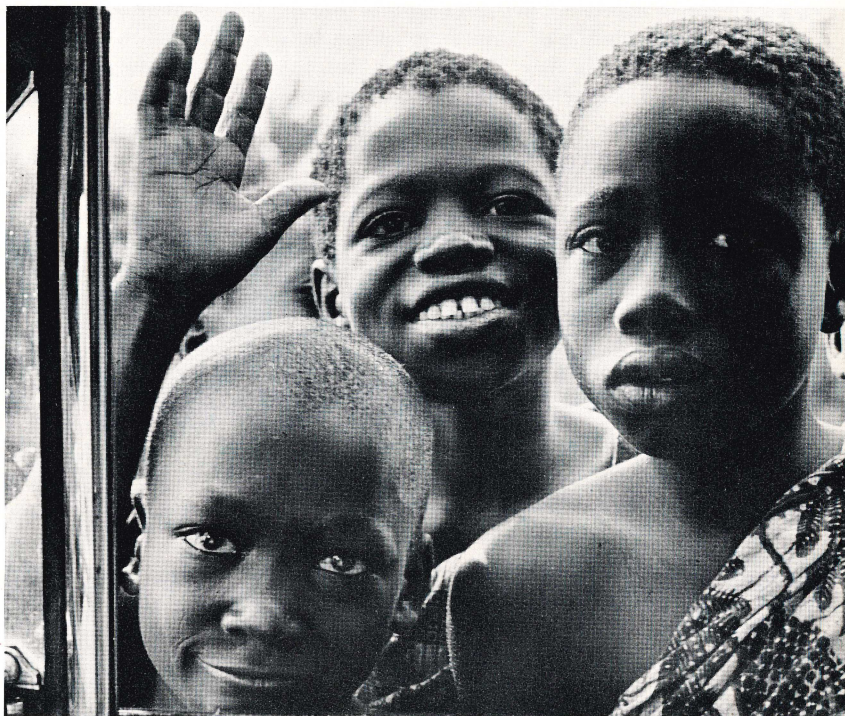
drated, conjunctiva and nail-beds very pale—probably a severe attack of malaria together with marked anemia.

"Amma will have to be admitted to the hospital." The verdict announced, a family council convenes. "Why can't she be treated here and come to Dispensary for further care?" "How long will she have to stay?" "Who will care for her small baby while she is gone?" And one stubborn old man keeps muttering, "She can't go." The arguments are answered one by one and a helpful man confronts the stubborn elder. "Look at me, I had an operation a year ago and now I'm fine. It's really true. There is someone there all night to watch the patients." The palaver continues. Meanwhile, we treat the patient as best we can right here and employ the rest of the time checking the children in the compound and advising their mothers how to feed them.

At last the circle of elders rises to announce their decision. Amma may go to hospital provided Nana and some of the elders may accompany her. This is conceded after making sure they realize they may not stay with her—hands are shaken all around in agreement.

By now half the village has gathered outside the compound to share in the excitement. Amidst the confusion of getting Amma situated in the jeep a mother calls out. "Sistah, remember Kwame? See how strong he is now!"

The elders and Nana pile into the back of the jeep. Again the ceremonial handshaking as each one thanks us for coming and finally we are homeward bound amidst a cloud of red dust and a chorus of "Sistah, bye-bye!"

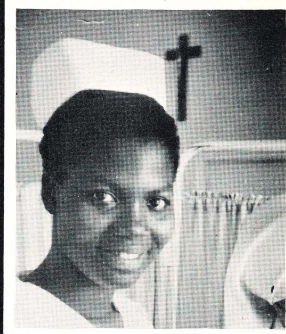


BYE BYE BYE BYE BYE

ADWOA TAWIAH

BECOMES A NURSE

SISTER M. CEPHAS



LIFE is pretty much the same, the world over, but somehow, at Berekum, it takes on great variations in the nursing profession as the vocation of nursing is still in its pioneer stage. However, judging from the calibre of our present Berekum nurses the standards of nursing should take great strides.

In order to understand and appreciate the adjustment, the young Ghanian miss makes in her endeavor to follow the discipline of a nursing school, let's begin with her application to the school. Knowing nothing about nursing and never having seen a hospital (inside), Adwoa Tawiah writes, asking for admittance as "her every desire is and always has been to be a nurse." Adwoa is given the date of the next Entrance Exam for Holy Family Hos-

pital and with approximately seventy-five others she takes the exam at one of the local centres. After the final corrections of all papers, Adwoa is among thirty others selected to come for an interview. When Adwoa was asked in the interview as to whether or not she engaged in any particular hobbies she asked, "What is a hobby?" To which question Sister explained and followed with, "Adwoa, do you sew?" To which Adwoa cheerfully replied, "Of course, I sow rice!"

Finally, after much screening, about twelve to eighteen girls are accepted to the school. The day of their arrival is a great one for the other students who have now taken on a new type of poise and feel very protective toward the youngsters. Our new candidates (called Candidates Under Test) arrive at the Nurses' Residence with a trunk (type of foot locker) and a Chop-Box. The Chop-Box is very interesting as "chop" refers to their food and so one expects to find food in the box; however, this is not always the case as the original use of the box has deviated to being used for other articles, such as books and shoes. These boxes are approximately 2x3 feet in size.

The spirit of hospitality and welcome among our girls is not surpassed by any, to be sure. The beds are prepared by the older nurses as the new candidates unload their trunks. Fresh flow-



Our student nurses are especially eager for maternity or baby work, as is every young African woman.

ers have been placed on the lockers and all are willing to help and to guide the new candidate. Usually one can hear words of advice being given them as they tell the newcomers exactly what Sister expects of them and what she disapproves of — before they've read the regulations!

Naturally the girls of the same tribe are very close as they are instructed at home to regard those of their own tribe as their very own sisters. However, all tribes mix well before long, strengthened by a few misunderstandings. As the nurse grasps the real meaning of charity so necessary in nursing, one will find the Ashanti and the Ewe girls bosom friends before they have finished their C.U.T. period.

Much of her free time is taken up with her personal duties. As there is no Bendix, she scrubs out her clothes in her bucket. Plaiting of the hair is a big job so usually begins at the beginning of the second year of training. This is interesting to watch and takes a long time as the procedure is very tasking.

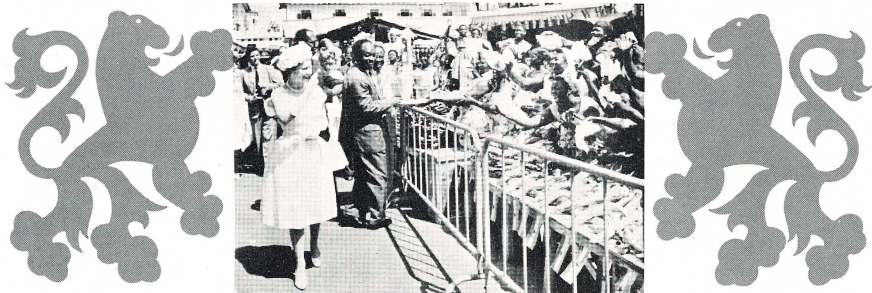
After six months the candidate is capped and now feels right at home. After 18 months or at least 12 months,

Adwoa will take what is called a preliminary qualifying examination for Nurses' Board. If she passes these exams she will have another 18 months or more before Final Examinations. As all students, ours prefer bedside nursing to studies and classes any day. They are especially eager for maternity or baby nursing and excel in this.

Graduation Day in Ghana is called "Awarding of Certificates." The 16th of April, 1961 was another milestone for Berekum Holy Family Hospital. On that day the Nursing School awarded the first certificates to its first graduates.

As in many other countries of the world—there is a shortage of nurses and nurse-midwives in Ghana—to meet the health needs of the new country.





The Queen Comes to Ghana

SISTER M. FRANCIS, M.D.

SATURDAY was just another Saturday in Kokofu Leprosarium until around 10:00 o'clock. I was as busy as ever in Dressing Station seeing the patients who had minor complaints when the office clerk, Mr. Agyekum came running, out of breath, to tell me the P.M.O.'s office was on the phone. This P.M.O. is the alphabetical name for the Principal Medical Officer, the doctor who has the supervision of all the medical work in a region (equivalent to a state at home). Our P.M.O. resides in Kumasi. Answering the phone I heard his clerk telling me that my name was on the list of those to be presented to Her Royal Majesty, Elizabeth II, on Tuesday the 14th when her Majesty was scheduled to visit the big Kumasi Central Hospital. He said he would call again on Monday to confirm this invitation but meanwhile I was to get myself ready!

It was surely a BIG surprise and honor. We all knew the Queen had arrived in Ghana on the 9th of November and that she would visit Kumasi on the 14th, but it never occurred to any one of us that we would have a Presentee in our midst. Everyone was as excited as I was about the prospect of meeting the Queen.

On Monday, the expected telephone call came and I was told to report to

the Kumasi Central Hospital between 8:00 and 8:30 a.m.

Tuesday, the 14th, was a holiday in all Ashanti to allow everyone a chance to travel to Kumasi to see the Queen and to attend the big durbar in her honor. The lorries started running past our convent at 2:30 a.m. The Kokofuhene (chief) hired two lorries to take some of the Kokofu people in. Of course, he went with all his retinue and his big umbrella and all the symbols of his chieftainship. Kokofu is historically an important place and the Kokofuhene is a Paramount Chief.

We, Sister M. John and Sister M. Therese and I, left about 6:30 a.m. Our chaplain usually says Mass at 5:30 a.m., so there was no difficulty on that score. We had expected to find the road to Kumasi crowded but all the traffic was coming toward us. The lorries had long ago traveled to Kumasi and were returning for their second and third trips. We reached Kumasi shortly after 7:30 and went to the Sisters' convent where I changed into the "presentation dress." An hour's ride in the Volkswagen leaves one a bit rumped at the end so we made provision.

As we rode toward the hospital we found the streets lined with people and the local police controlling the crowds. The police were dressed in their best:

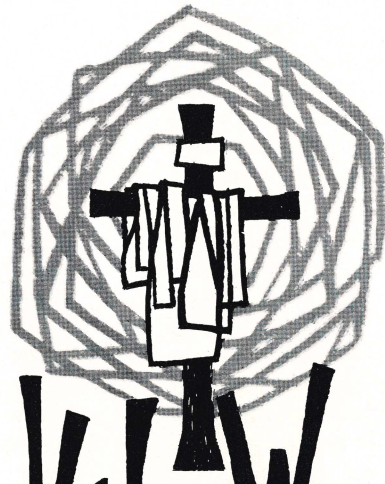
an attractive uniform of short khaki pants, a navy blue pullover, turtle-necked sweater and a red fez-type of hat, and khaki leggings.

We were early. The Indian radiologist at the hospital, who is from Hyderabad, Deccan, invited us up to his office and we had a cool place to wait. The doctor's office was situated on the second floor at the very best place to view the Queen and the escort.

Sister M. John and Sister Marie Therese stayed on the second floor. I was instructed to stay near the main entrance and told what to do. Then cars began to arrive with press agents, cameramen, police. Then after a short wait a big car arrived with the President, Kwame Nkrumah, and a companion whom I did not know. He took up his place at the top of the foyer steps. Then we heard cheers and Queen Elizabeth and her husband, Prince Philip, arrived in a big Rolls Royce with the top down. The Queen was dressed in a simple yellow frock, with a matching hat, gloves and high-heeled slippers. The Prince was in khaki officers' uniform with many medals and a sword. At the entrance the Queen was presented with a lovely bouquet of roses and other delicate flowers. Then she was welcomed by the President. After that, the receiving line formed. The President stepped back and the Queen and Prince Philip were left in front. The Minister of Health, dressed in a lovely gold Kente cloth, stood beside them and read the names of those to be presented. We were about twenty-five. I had hoped to be far down the line so I could observe what everyone else did. But I was third so there was no hope, but to do my best. We were instructed, the men to bow, the women to curtsy to the Queen and then to shake hands first with the Queen, then the Prince and finally with the President.

My turn came quickly. I handed my card to the Minister, "Doctor Francis Webster, Medical Officer, Kokofu Leprosarium," he announced, and there I was in front of Queen Elizabeth. My curtsy left a lot to be desired but Her Majesty extended her hand quickly and leaned forward and asked me to repeat my name and where I was from. Then I shook hands with Prince Philip and he asked many questions. Actually we were a sort of threesome as he directed some of the remarks to the Queen. He is very interested in leprosy work, subscribes to a leprosy journal and knows much about it. He asked where Kokofu was, how many patients we had, what type of patient, how long they stayed and then commented to the Queen about a leprosy settlement they had visited some time before. Then he inquired what was the name of our community, what religion we were. (His mother is also a religious—I think one of the Eastern rites.) Finally he asked what nationality we were. They both were so gracious and friendly that it was not difficult to speak to them.

All too soon it was over. Then I shook hands with the President and he bowed very solemnly but said nothing. After a brief stop for tea, the Royal party departed. This time the President rode with the Queen in the open car and the Prince followed in the next car. Their next stop was the Sports Stadium where the big Ashanti Durbar was to be held.



Holy Week In Bombay

SISTER M. F. MARGARET

BOMBAY in Holy Week is an unusual experience. The Church ceremonies are, of course, carried out in full and solemn splendour, but there are also some very picturesque additions which have been handed down from the Portuguese who first brought the light of Faith to the people here.

Last year some of us attended services at St. Andrew's Church, an old, yet devotional church situated near the sea. Among its parishoners are simple fisherfolk, staunch believers in tradition. They love these dramatic ceremonies because it helps them to a living realization of the truths of their faith and also impresses upon them a better understanding of the beauty and splendour of Holy Week.

The most impressive of these services is the representation of the Crucifixion enacted on Good Friday evening. It portrays very vividly the tragedy that took place two thousand years ago on Mount Calvary. By this portrayal the Faithful are in a sense transported to the actual scene of occurrence and there is no doubt that many a hardened sinner is converted that evening just like the thief who asked our Lord for forgiveness on Calvary.

On Good Friday morning, if you go to the church, you will find the men getting things ready for the afternoon service. These are ordinary fishermen. Each knows his job, and goes about it devoutly, silently and efficiently—to the admiration of the on-lookers. In front of the main altar a giant wooden cross is erected. The cross is very heavy but it is erected with such ease—they know exactly how to do it! Then a life-size Image of our Lord, wearing only a loin cloth, is brought and very respectfully taken up on the cross—the hands and feet are nailed, and a crown of thorns is placed on the head. The altar, together with the cross, bear-

ing the Image, are then concealed from the public by a black screen on which is painted a white cross. All is ready for the evening service.

It begins with the Stations of the Cross followed by a sermon. The church is usually packed, with barely enough space to kneel in the aisles. Toward the end the priest refers to Our Lord dying on the cross for sinners. At this moment, he rings a small bell as a sign to the attendants to open the screen, and the people's gaze is immediately focused on the spotlighted figure of our Lord hanging helplessly on the gibbet. The air of expectancy grows. Then along the central aisle of the church a procession led by two priests (clad in black robes from head to foot) wends its way to the main altar. Behind the priests follow the pallbearers carrying a coffin strewn with flowers. Two of the priests then climb the ladders placed against the arms of the cross. With the help of hammers, they remove the nails one at a time, kiss them, bless the people with them, and bring them down. In the same way the crown of thorns and the nails from the feet are removed. The unique moment is when the body is lowered from the cross by means of the shroud. Very gently it is let down and with the help of the pallbearers placed in the waiting bier.

The tenseness of the congregation grows until one can almost feel it. The same sorrowful procession makes its way back through the church, leaving the empty cross in the Sanctuary. Crowds follow the procession out around the church yard and finally enter the church again by a side door, where the body is placed for public veneration. The faith of the people can be judged from the fact that despite the late hour, no one will leave the church before he has kissed the Image.



Holy Thursday. The Last Supper. Life-size statues of Our Lord and Apostles are placed around a table. A loaf of bread before each.

What gives added poignancy to the deep-moving scene is the spirit in which they do it and the active part taken by all. This representation means more to them than an eloquent sermon on the Crucifixion.

On Palm Sunday evening the fourth and the sixth stations are depicted. A life-size statue of Our Lord with the Cross on His shoulders is carried in procession by four men through the Church yard followed by the Clergy and the people. From the other side of the Church, another procession starts with a statue of Our Lady, and the two meet. It is really a sad meeting and you can hear the sighs of the people. The procession then stops and all wait for Veronica to arrive. Veronica, too, is carried on a platform by four men. When she approaches the statue of our Lord she wipes the face with a cloth which she then rolls up. Now she faces the people and sings an appropriate hymn simultaneously unveiling the





Good Friday. The Body of Jesus is taken down from the cross. The Body is lowered with the shroud.

cloth that bears the imprint of Our Lord's face . . . The service ends with a sermon and the statues of Our Lord and Our Lady are taken back to the church.

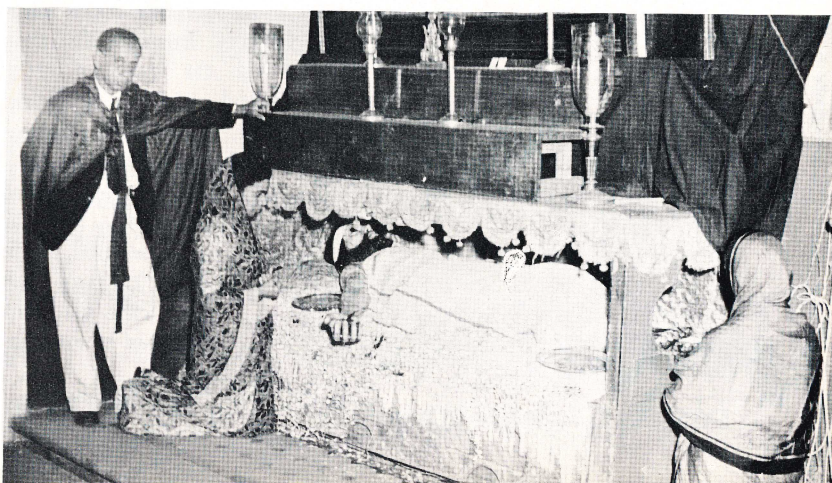
On Maundy Thursday, at the Gospel of the Mass, twelve men who represent the Apostles come up the centre aisle and the deacon and sub-deacon escort

them to the place prepared for the washing of the feet. These men consider themselves privileged to have been chosen—you can see the expression of joy on their faces. The washing of the feet over, Holy Mass continues followed by the procession of the Blessed Sacrament to the Altar of Repose. With the stripping of the altars, the service ends but not for the people. Adoration continues—the church is never empty.

They also enact the scene of the Last Supper on Maundy Thursday. Life-size statues of Our Lord and the Apostles are set around a big table and before each is placed a loaf of bread. Incidentally, Judas' loaf is a bit mouldy! This scene looks so realistic that one can well picture the day when the Blessed Sacrament was instituted.

Bandra, a suburb of Bombay, is a very Catholic section. There are churches and convents at practically every corner. The Holy Week Services prepare the people very fittingly for the Big Day—Easter!

Good Friday night. The Body is exposed for veneration. All kiss the image on leaving the church.



BOOKS

THE CHURCH & THE WORLD

PIONEER THEORIES OF MISSIOLOGY. Ronan Hoffman. Catholic University of America Press, Wash. 182 pp. \$3.25.

This important study treats of a little known but important mission theorist of the seventeenth century, Cardinal Brancati. Pierre Charles, eminent missiologist, has criticized the Cardinal's views; Father Hoffman has shown that the Cardinal reflected the accepted theological views of his time. The book points up many of the positive contributions which the Franciscan Cardinal made to the development of mission theory, in particular of the missionary vocation.

THE MAN NEXT TO ME. Anthony Barker. Harper's, N.Y. 175 pp. \$3.50.

Dr. Barker and his wife, also a doctor, have spent the last fifteen years in a small hospital in Zululand, South Africa. The doctor gives a fine picture of life in that part of the world, of the superstition and fear which keeps people away from the hospital, the mines and factories which draw the men away from home and family, the apartheid which has poisoned men's relations.

Written calmly and quietly, with great compassion, the story of two devoted doctors offers an extremely fine insight into modern Africa.

CHARLES JOHN SEGHERS, PIONEER IN ALASKA. Antoinette Bosco. Kenedy. N.Y. 190 pp. \$2.50.

This is one of the "American Background Books," a series intended for junior high school students to introduce them to the outstanding Catholic men and women who have played important roles in the history of America. Father Seghers was a Belgian missionary in Alaska during the latter part of the nineteenth century. Young readers will find adventure as well as inspiration in the story of his life.

WOMAN TO WOMAN. Katherine Burton. Kenedy. N.Y. 217 pp. \$3.95.

These are excerpts from Mrs. Burton's popular column in the "Sign" magazine. They range over a vast array of topics with the author's interesting opinions and comments. The book will be welcome to all who have enjoyed the column.

GONE AWAY: AN INDIAN JOURNEY. Dom Moraes. Little, Brown. Boston. 239 pp. \$3.95.

This is a journal of Mr. Moraes' return to his homeland. Coming from a Bombay family of strong English background — English-speaking and educated — Mr. Moraes found that India seemed as strange to him as it might to any European. The book chronicles his ventures to rediscover India as it appears today.

SISTER M. FABIAN, M.A.



ECCE ANCIILLA DOMINI

While inging his downward flight the Angel brings Mary God's tidings. She answers, "See here I am, the handmaid of the Lord; the Creator can dwell in His creature, it is fitting that the Artisan visit the work of His hands. Be it done to me according to your Word."

Blessed are you, Mary for your great faith which cultivated by the Spirit of God, made you good ground for the Word of God. Freely and humbly you open to welcome the Word within. In your womb, the Word becomes flesh, God becomes low and His servants high. You are at the same time the work of God's Wisdom and His Mother, His servant and the majestic treasure of the whole world, weak and yet strong, delicate yet glorious, modest yet so mighty. A simple and lowly handmaiden, you are exalted above the angels to a high throne. It is our highest honor to serve you as queen and to be of your household. For to serve you is to reign and to do your bidding the highest liberty. Blessed are you Mary, handmaid and queen, and blessed the Fruit you have given us. Blessed the Father who sends His Son for our salvation and blessed the Spirit Advocate who teaches us your mystery.

compiled from patristic sources.



Mary in the Fathers of the Church

second in a series

HANDMAID AND QUEEN

BEREKUM HOLY FAMILY HOSPITAL
NEEDS—NEW EQUIPMENT . . .

KWAKU HAS A FEVER

Only good diagnostic equipment will make it possible to determine what fever he has . . . malaria, typhoid or even T.B. The diagnosis may also be complicated by various native remedies and witch doctor potions he has received.

Holy Family Hospital, Berekum, Ghana, a 100 bed hospital, functioning now for 14 years deep in the African Bush, needs replacements of all kinds: new therapeutic and diagnostic equipment, autoclaves, instruments, etc. to continue to give good professional medical care to its patients. Help us to show the new Africa that the Church is concerned about its care for the sick and suffering. (The Cost: \$30,000.)



MEDICAL MISSION SISTERS, Philadelphia 11, Pa.

Dear Sisters: Please accept my contribution of \$..... towards the care of the sick and suffering in Berekum.

Name.....

Address.....

City..... Zone..... State.....